

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90166 017 \*\*\*158.75

**DOCUMENT # P00000015786**

1. Entity Name  
**LONG CREEK, INC.**



Principal Place of Business  
**923 POPCORN AVENUE  
DEFUNIAK SPRINGS FL 32433**

Mailing Address  
**923 POPCORN AVENUE  
DEFUNIAK SPRINGS FL 32433**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3625165**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BRYANT, ALAN  
923 POPCORN AVENUE  
DEFUNIAK SPRINGS FL 32433**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME **PVD BRYANT, ALAN**  
STREET ADDRESS **923 POPCORN AVENUE**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Change ☒ Addition  
NAME **T JASON HARPER**  
STREET ADDRESS **JASON HARPER**  
CITY-ST-ZIP **P.O. BOX 205**

TITLE ☐ Delete  
NAME **S YORK, DONALD W**  
STREET ADDRESS **923 POPCORN AVE**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Change ☐ Addition  
NAME **MOSSY HEAD, FL 32434**  
STREET ADDRESS **923 POPCORN AVE.**  
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **32433**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Alan Bryant**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/22/03**  
Date

**850 892-4872**  
Daytime Phone #

CR2E034 (10/02)

Attachment

90057584

P00000015786

JASON HARPER  
LIVES IN A RURAL  
AREA THAT DOESN'T  
HAVE POSTAL  
SERVICE SO I  
PUT MY ADDRESS  
DOWN FOR HIM

Alan Ray

